### STATE OF NEW HAMPSHIRE

#### 2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

JAN 3 0 2019

	L	3/111 0 0	
1. Name of Lobbyist(s) Karen Soucy		NEW HAMP DEPARTMENT	
II. Name of lobbyist's partnership, firm or corporation, if any:	-		
Soucy Solutions LLC /(Name of partnership, firm or corporation)			
/ (Name of partnership, firm or corporation)			
11 Princeton St. Concord A Business Address: (Street) (Town/City)	(State)	03301	
Business Address: (Street) (Town/City)	(State)	(Zip Code)	
(Ø3 <u>344-5797</u> ( ) e-	mail <u>Karens</u>	soucy 1 e	guail.com
III. This statement covers: (Choose one – file separate reports for each cli reportable expense transactions which are not attributable to any one clie		file a separate re	port for
Toportable expense transactions which are not attributed to any one on	,,.		
All reportable transactions occurring in the months prior to the reporting of	late relative to the f	following client:	
ALL Manufactured and Madular Housin	· Associa	tion	
NH Manutactured and Modular Housing (Full Name of Client as it appears on the Lobbyist Registrate	tion Form)		
OR	·		
All reportable transactions by the lobbyist (including the lobbyist's family unrelated to any particular client.	), or the lobbying fi	irm listed below w	hich are
Tr. D. ( CD ) A (125 2010 □ □   Inde	25, 2018 🗍		
	23, 2018 L 14/1/18 to 6/30/18		
	ary 30, 2019		
activity from 7/1/18 to 9/30/18 activity from	n 10/1/18 to 12/31/18	3	
V. There have been no fees received and no reportable transaction  If this box is checked, complete just this form and submit it to the Secretary of Concord, NH 03301.  VI. Check if additional reports are attached:  If you have received fees or made expenditures, you must file Addendum  If you have paid an honorarium or reimbursed expenses, you must file Ac Expense Reimbursement  If you, your firm, or your family has made political contributions, you must	State's Office, State  n A- Fees and Expedidendum B-Repo	te House, Room 20 enses rt of Honorariums	or
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or and complete to the best of my knowledge and belief.  (Signature of labbyist)	r affirm that the for $\frac{1/29/19}{\text{(Date)}}$		n is true

# L E A S Ê P R

## STATE OF NEW HAMPSHIRE

#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

STATE

1. Name of Lobbyist(s) Karen Soucy	NEW HAMPSH DEPARTMENT OF
II. Name of lobbyist's partnership, firm or corporation, if any:	
Soucy Solutions ucc (Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)  III. Name of Client NH Monutachund & Modular Housing	ASSIDATE 1/29/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 11, 666.66
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$ 11, 666.66
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to re	eport all expenses made from lobbying

fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> </ul>	a)\$ 9,777.32
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c)\$ <b>Ø</b>

d) Total expenses for this reporting period	d)s 9,777.32
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) \$
f) Total of all expenses year to date	08 9,777.32
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fccs during this reporting
Paid to:	Amount:
	\$
<u></u>	\$
	\$
	\$
	\$
	\$
	***************************************
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobby)st)	1/29/19
•	(Date)
(Print Name of lobbyist)	

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# RECEIVED JAN 3 0 2019 NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation	: Soucy	Silutions, LLC
Name of Client (leave blank if Statement is for the	•	
particular client): NH Manufacture	d & Modula	- Housing Assn.
Date of Report (check one):		•
April 25, 2018 ☐ July 25, 2018 ☐ Oc	tober 31, 2018 □	January 30, 2019
I have read RSA 15, RSA 15-B, RSA 664, the Sta the following Addendums submitted with that Sta submitted):		
Addendum A(s).		
Addendum B(s).		
Addendum B(s).  Addendum C(s).		
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	ition on the Statement	and each Addendum is true and
(Signature of lopsyist)  Karen Soucy	/	29/19 (Date)
Karen Soucy	_	
(Print Name of lobbyist)		